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ABSTRACT

This document focuses on the involvement of the Mott Foundation in the problem of teenage pregnancy. After a brief introduction to the topic including statistics on the incidence of teenage pregnancy, methods by which other organizations and foundations have attacked the problem of teenage pregnancy are described. The role of the Mott Foundation in identifying problems and developing programs for teenage pregnancy, which dates back to 1938, is also described, as is the dual focus of the Mott Foundation on ameliorating the effects of teenage pregnancy for the mother and on primary prevention through replication of a low-cost, school-based model for high-risk youth. Four grant networks supported by Mott are described, along with their projects. These networks include the Too-Early Childbearing Network; the National Urban League, Incorporated; the Junior League of St. Louis; and the Women and Foundations/Corporate Philanthropy program. Findings of the Mott Foundation in the area of teenage pregnancy are summarized, noting that no single well-tested, cost effective primary prevention approach that will eliminate the problem of teenage pregnancy exists. At the conclusion of the report, the four grant networks and their projects are described in more detail, and names and addresses of contact persons within the networks and projects are provided. (ABL)

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Charles Stewart Mott Foundation

Teenage Pregnancy: An Update and Guide to Mott Foundation Resources

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An Update and Guide to Mott Foundation Resources

With more than one million teenagers becoming pregnant each year in this country, the issue of teenage sexuality continues to make headlines and capture national attention.

Indeed, the consequences of too-early childbearing are so devastating and far-reaching they can hardly be ignored. There is substantial evidence, for instance, that teenagers who give birth are likely to drop out of school, experience long-term welfare dependency and have a repeat pregnancy while still in their teens.

Even though statistics suggest that births among U.S. teenagers are decreasing, there is ample evidence that the scope of the problem requires continued vigilance on the part of policymakers and other concerned individuals and organizations. The picture of teenage sexuality in America is even more unsettling when compared with other developed countries.

A two-year study recently completed by the Alan Guttmacher Institute in New York, concluded that U.S. teenagers were significantly more likely to get pregnant, give birth and have abortions than their counterparts in England and Wales, France, Canada, Sweden and the Netherlands.

It could be argued that America's cultural and religious diversity make tackling the problem of teenage pregnancy more complicated here. However, the Institute's findings are nonetheless worth noting.

The Institute's data on pregnancy rates, for instance, reveal that for teenagers aged 15 to 19, the rate is 96 per 1,000 in the U.S., 14 per 1,000 in the Netherlands, 35 in Sweden, 43 in France, 44 in Canada and 45 in England and Wales. The study also showed that the U.S. birthrate for girls aged 14 is more than five births per 1,000— around four times that of Canada.

Other research shows that while there have been some successes in reducing teenage pregnancy and related problems, many of the statistics remain alarming:

- Of the 9.5 million females in the U.S. between the ages of 15 and 19 in 1982, 47 percent had had premarital intercourse.
- More than one-third of all teenagers who are sexually active are not using any method of contraception, leaving more than 1.5 million young women at high risk of unintended pregnancy.
- In 1983, there were 1.1 million pregnancies to girls under 20 years old, of which 499,038 resulted in births—14 percent of all births in the U.S. That year there also were 432,000 abortions to girls under 20. It is estimated that 11 percent of girls between the ages of 15 and 19 experienced a pregnancy in 1983 and 5.2 percent became mothers.
- The documented negative consequences of early childbearing include low birthweight and higher incidence of birth complications. Teenagers begin prenatal care later and make fewer medical visits than older women.
- The high school dropout rate among teenage mothers is dramatic, particularly at very young ages. According to a 1983 survey, among teenage mothers who had their first birth at age 14 or younger, 71 percent did not complete high

school. For 15- to 17-year-old mothers, about half did not complete school, and for 18- to 19-year-old mothers, about one-third did not graduate.

A recent study by the Washington D.C.-based Center for Population Options estimated that teenage childbearing cost the nation $16.6 billion last year, about one-third of which could have been saved if teen mothers had waited until age 20 to deliver their first baby.

The $16.6 billion estimate includes payments for AFDC, Medicaid and food stamps. It does **not** include other services such as housing, special education, child protection services, foster care and day care. Further, research clearly shows that teenage mothers are disproportionately represented on welfare rolls. According to the study, families begun by teens accounted for more than half of all families getting AFDC, food stamps and Medicaid benefits—programs on which the government spent $31.4 billion last year.

How Others Have Attacked The Problem

The problem of teenage pregnancy has not been ignored by either the public or the private sector. Over the past several years, a number of non-profit organizations and governmental agencies have paid increasing attention to problems associated with adolescent sexuality. For instance, the Children's Defense Fund, a public charity created in the early 1970s to advocate on behalf of children, added the problem of teenage pregnancy to its agenda in the early 1980s.

The American Public Welfare Association, long involved in welfare issues generally, began to target adolescent pregnancy as an area of concern about two years ago. And the Alan Guttmacher Institute, which was founded in 1968 as a division of the Planned Parenthood Federation of America and became an independent non-profit corporation in 1977, started collecting and analyzing data on teenagers as a specific population group in the mid-1970s.

Today a number of organizations and their affiliates—including many youth-serving agencies—are focusing attention on teenage pregnancy. Among them are: Planned Parenthood Federation of America, the National Urban League, Inc., the Association of Junior Leagues, Inc., the Center for Population Options, the National Council of Negro Women, Girls Clubs of America, Boys Clubs of America, YWCA, 4-H Club, and Girl Scouts of America.

Likewise, the federal government for many years has funded programs that provide family planning services and maternal and infant health care. But it wasn't until the Adolescent Health Services Pregnancy Prevention and Care Act in 1978 that the federal government began to consider adolescent pregnancy as a categorical problem—one requiring separate funding. It took until 1981 to establish categorical funds to address teenage pregnancy and the consequences of early childbearing under Title XX or the Adolescent Family Life Program. Funding for such federally-funded programs has ebbed and flowed in recent years.

Today, both federal and state legislators are becoming increasingly

aware of the high cost of teenage pregnancy in terms of both the negative impact on teenage parents, their children and their families, and the expenditure of public dollars. Congress is currently considering legislation to expand the availability of comprehensive services in local communities with support for school-based services. According to a brief prepared for the National Governor's Association in November, 1985, 11 states have coalitions working on the problem: Illinois, Kentucky, Maine, Massachusetts, New Jersey, New Mexico, New York, Oklahoma, Rhode Island, Texas and Virginia. In addition, several other states are at work on a formal plan to deal with the issue.

At the same time, foundation interest in teenage pregnancy continues to grow with more than 300, mostly community foundations, involved.

The Ford Foundation, which began working in the area of teenage pregnancy in the late 1970s in response to the high vulnerability of teenage parents to long-term welfare dependency, makes perhaps the largest contribution. In more recent years, Ford's grantmaking has emphasized prevention; grants are made for nationally oriented demonstration projects and policy research, not local services. Between 1982 and 1985, the Ford Foundation committed nearly $8 million to the problem of teenage pregnancy.

The Carnegie Corporation, which for many years has funded programs dealing with children, began making grants in the area of adolescent pregnancy about two years ago. Since then, Carnegie has spent approximately $1.3 million on programs aimed primarily at delaying first pregnancy among adolescents. Carnegie is particularly interested in programs initiated by national organizations and targeted at adolescents 15 and younger.

The William T. Grant Foundation, which funds research into the problems of school-age children, began making grants in the area of adolescent pregnancy prevention about five years ago. Most of those grants have been for research and evaluation on the effectiveness of intervention programs. Through the years, the Grant Foundation has spent approximately $2.1 million in the area of school-age pregnancy.

Among the other foundations making large contributions in the area of teenage pregnancy are:

The Joyce Foundation in Chicago. Beginning in early 1983, the Joyce Foundation began a five-year commitment to teenage pregnancy prevention. Joyce's main interest is in preventing first births among teenagers. Although it funds some advocacy and research activities, most grants are for school- and community-based sex education programs aimed at reaching children in grades three through 12. In addition, most grant-making activities are confined to eight states in the Midwest.

The George Gund Foundation. For about five years the Gund Foundation has funded programs in the area of teenage pregnancy. Gund-funded programs, which are confined to the Cleveland area, are aimed at primary prevention, particularly sex education for children in grades five through 12.

The William and Flora Hewlett Foundation. The Hewlett Foundation supports a number of national

organizations concerned with avoiding unwanted pregnancy, particularly among adolescents. Of special interest are groups that do public policy work, serve as clearinghouses and carry out demonstration programs with an evaluation component.

The Pew Memorial Trust. For several years Pew has tackled adolescent pregnancy prevention by supporting community-based parenting education programs aimed at teenage parents and at-risk youth. These programs emphasize maternal and infant health, nutrition, parenting skills, etc. Funding generally is confined to programs operating in the Philadelphia area.

The Robert Wood Johnson Foundation. The Foundation began funding programs specifically in the area of adolescent pregnancy in 1981. Most such grants have been for research in such areas as the effects of teenage pregnancy and the effectiveness of intervention strategies. In addition, the Foundation funds a number of programs that provide a variety of health services (including family counseling) to adolescents.

The Harris Foundation. For about a decade, the Harris Foundation, Irving B. Harris and his family and the Pittway Corporation Charitable Foundation (of which Harris is chairman), all have supported programs to address the problem of teenage pregnancy. Perhaps best known is the "Ounce of Prevention Fund," which started in 1982 and is a public-private partnership between Pittway and the Illinois Department of Children and Family Services. The "Ounce of Prevention Fund" supports programs that are aimed particularly at pregnant and parenting teens and are designed to strengthen young families by providing them with educational, health and social services. Recently, the "Ounce of Prevention Fund" has added pregnancy prevention programs for pre-teens and never-pregnant teens. Since June 1984, Pittway and the Harris Foundation have funded the planning and development of two school-based adolescent health clinics. Pittway also has provided significant operating support for the first of those two clinics.

The Role of the Mott Foundation

The Mott Foundation has been at the forefront in identifying problems and developing programs for adolescent women. That interest predates current national concern about their sexual behavior. Although Mott involvement in the issue dates back to the 1930s, it was in the 1970s that a national scope was given to the program. Since 1976, the Foundation has invested almost $4 million in the area of adolescent pregnancy.

Mott's first grant in support of a program serving young women was made to the Flint, Michigan, Board of Education in 1938. Over time, the Foundation's interest in adolescents broadened to include programs dealing with maternal and child care as well as family life education. In 1967, a 14-year program of funding Flint's Continuation School, an alternative high school for pregnant teenagers, was instituted.

During the 1970s, as teenage pregnancy became a growing national concern, the Mott Foundation made its first grants outside Flint. In 1978, the Foundation funded adolescent pregnancy and

ameliorative projects in: Flint; New York City; Sarasota, Florida; St. Louis, Missouri, and Boston, Massachusetts. The cities chosen were different; their clients were different, and their strategic services were different—each reflecting local needs and resources.

As the programs and services grew, the Foundation recognized the importance of acquiring statistically significant data on the clients served and the effectiveness of the programs. At the same time, it became increasingly obvious that an intermediary support organization would be invaluable to the total effort by pulling the programs together through information sharing and provision of technical assistance and other services.

Consequently, the Southwest Regional Laboratory (SWRL) was given a grant to create a support team, thus building a network among the Mott programs and designing an accountability system which would be the beginning of a database.

Between 1979 and 1981, four additional projects (Oakland, California; Rochester, New York; Corpus Christi, Texas; and Seattle, Washington) received Mott funding.

While much of the support from government and other private foundations has been directed toward pregnancy prevention, the Mott Foundation over the years began focusing simultaneously on ameliorating the negative effects of teenage pregnancy once it occurs and the mother has opted for delivery, and on primary prevention through replication of a low-cost, school-based model for high-risk youth.

Furthermore, a variety of organizations have received funding to conduct research on adolescent sexuality, evaluate model treatment programs and hold conferences on teenage pregnancy prevention.

Today, the Mott Foundation supports four grant networks to reduce teenage pregnancy and its attendant problems. SWRL continues to serve as the linchpin for these networks and programs through publication of a national newsletter and development of national conferences, as well as by providing technical assistance and analyzing and maintaining the database.

The four networks are:

- **The Too-Early Childbearing (TEC) Network**, the Foundation's own network of seven programs. Through the TEC Network, the projects share information and experiences both formally and informally. The TEC Network will complete its program for the Foundation in 1986. The seven projects are:

  Parent Infant Interaction Program, St. Louis, Missouri. This 12-month, after-school program provides comprehensive coordinated services to pregnant teens, teen parents and their infants in three school and community sites in the St. Louis area.

  CYESIS, operated by the School Board of Sarasota County, Florida. This program provides comprehensive services to pregnant students and teen families in a special school setting offering broad educational options and featuring on-site child care.

  Teen Parent Assistance Program, Oakland, California. This school-based program for teen parents offers education and social services in an attempt to help

students complete school or the GED prior to job placement.

Teen Parent Family Support Project of the Alliance for Young Families, operated by the trustees of Health and Hospitals of the City of Boston, Massachusetts. This project involves the evaluation of the Teen Parent Family Support Project for Young Families, which aims to assure the education, child-care and self-sufficiency of parenting teenagers.

Monroe County Adolescent Pregnancy Preventive and Supportive Services Program, Rochester, New York. This program, operated by the Monroe County Health Department in cooperation with the Rochester Board of Education, is designed to coordinate services to highest risk teen parents, all those 15 and under in Monroe County.

Comprehensive Adolescent Health and Education Program, Corpus Christi, Texas. This project, operated by Gulf Coast Council of La Raza, is a comprehensive prevention, education and service program for teens and families, primarily low-income Mexican-Americans.

Teen Indian Pregnancy and Preventive Services, Seattle, Washington. This program, operated by the Seattle Indian Health Board, provides both prevention services to teen Native Americans at risk of pregnancy and services to teens already pregnant or parenting, their infants and their families. Many of the programs have become institutionalized since the inception of this program.

- **The National Urban League, Inc.**, which has developed a network of primary and secondary prevention programs it calls the Affiliated Development of Adolescent Pregnancy Programs (ADAPP). Using a Mott grant, the Urban League supports services aimed at preventing pregnancy or easing its consequences among minority youth served by 10 Urban League affiliates.

- **The Junior League of St. Louis**, which has created a network of affiliates replicating the Teen Outreach Program (TOP), a low-cost, school-based, primary prevention program for teens at highest risk of pregnancy to reduce the incidence of teenage births and increase the number of high school graduates. Sixteen Junior League affiliates operate 25 programs across the country and one in Winnipeg, Canada. The program was developed by the St. Louis schools with support from the Danforth Foundation.

- **The Women and Foundations/ Corporate Philanthropy program (WAF/CP)**, which co-sponsors local conferences on teenage pregnancy with other grantmakers.

Recent Mott Foundation efforts have included a small cluster of grants to a number of research organizations to help create an awareness among policymakers of the issues involved in teenage pregnancy. Among the projects funded are teenage pregnancy "fact sheets," entitled *Facts-at-a-Glance*, for state and federal level policymakers; an informational clearinghouse on programs dealing with too-early childbearing, and a

cooperative venture with the Michigan Department of Social Services and WAF/CP whereby 27 communities have developed comprehensive plans to address the problem of teenage pregnancy.

What We've Learned

After nearly 20 years of involvement in the field of teenage pregnancy, the Mott Foundation has gained a number of practical as well as philosophical insights into this critical area. Above all, we have learned that there is no magic model—no single, well-tested, cost effective primary prevention approach—that will eradicate the problem of teenage pregnancy. Rather, a variety of approaches is required reflecting the rich diversity of American society.

Regardless of approach, we have learned that several ingredients are essential if any program is to be effective. By funding various intervention strategies and demonstration projects, we have determined that projects that most successfully impact those served:

- reflect each community's needs and resources,
- offer technical assistance to program staff and leadership,
- help various programs form networks, and
- use low-cost evaluation mechanisms to monitor client services and ensure effectiveness. (Evaluation is all too often ignored when model programs are designed and implemented.)

Through observation we also have determined that programs must emphasize a nurturing environment that reaffirms the adolescent's sense of self-worth. Providing a nurturing atmosphere is especially important for those youngsters who are the product of a deprived environment.

Similarly, care and support are essential to programs if they are to succeed and have the maximum impact. "Umbrella" organizations that pull all the elements together are critical if we are to coordinate knowledge and resources. Such organizations can do so through conducting in-service training for project staff, evaluating project effectiveness and encouraging linkages between projects.

Specifically, from Mott-funded programs we have learned to date that programs provided during the prenatal and/or post-delivery period:

- can reduce the incidence of low-birthweight babies,
- will help young women stay in school and eventually complete high school, and
- will decrease repeat pregnancies within a two-year period after delivery of first child.

In addition, our researchers are examining several other issues and they eventually expect to find that Mott-funded programs will:

- reduce the incidence of infant deaths,
- reduce the incidence of child abuse and neglect, and
- reduce the incidence of welfare dependency among those participants who complete their high school education.

Comprehensive evaluation of the programs in the Foundation's TEC Network is continuing. Aggregated results are anticipated in July, 1986.

First-year results of the Mott-supported Junior League Teen Outreach Program show that there have been significantly fewer pregnancies among TOP participants as compared with the comparison groups. What's more, trends in school performance among TOP participants are encouraging.

Annual evaluation reports are anticipated on the TOP program. Likewise, the National Urban League network is expected to present the first of its planned annual evaluations in 1986.

As these reports are received, the Foundation will periodically update this resource booklet. In the meantime, our principal efforts in the field will continue to be development of public policy research and dissemination toward building state support for treating teenage pregnancy as a categorical problem.

Looking beyond specific results, it is clear that several broad issues must be addressed.

Key to any program, of course, is making sure that services get to those who need them. We have found that what may be the obvious way of doing so may not always be the best way.

For example, our early research demonstrated that neighborhood-based peer support groups were not an effective and low-cost way of dealing with pregnant teens. In fact, while our program was successful in information dissemination under this neighborhood concept, the results suggested that youth-serving agencies offered better opportunities to reduce teenage pregnancy at lower cost.

Similarly, schools are often considered a convenient, effective place to provide service. Yet it is important to recognize that not all young people can be reached there. Many of those who are at highest risk of an unwanted pregnancy and in greatest need of service, in fact, are dropouts or are not reached by the school system.

Furthermore, while we strongly believe that the local community is the best place to offer services, it is critical that there is commitment to and coordination of such efforts at the state level. States must recognize the need for a comprehensive plan to address the teenage pregnancy problem. Such a plan should emanate from the state capital with service delivery targeted in local communities.

Experience to date further suggests that states not only should identify and earmark funds specifically to deal with adolescent pregnancy, but also should ensure that various state departments—including health, education, social services, mental health and labor—recognize the problem and coordinate efforts to address it. In states where those inter-departmental linkages are non-existent, they should be established; where they are weak, they should be strengthened.

In summary, the problem of teenage pregnancy is an overwhelming one for our society. It is important as an issue not just in and of itself, but because there is growing evidence that there is a causative relationship between adolescent pregnancy and a host of unabating social ills.

Inroads have been made; more are within reach. But the scope of this issue suggests that unless it remains at the forefront of national and state agendas, the hard-won gains of today will be lost for the future.

Mott Foundation Too-Early Childbearing (TEC) Network

Since 1978, the Mott Foundation has supported a small network of research and demonstration programs designed to prevent pregnancy and births to teenagers, as well as to ease the negative consequences of too-early childbearing.

Support includes a grant for a technical assistance team to aid program directors and evaluators in implementing a low-cost, quasi-scientific model of evaluation called impact evaluation. This model requires an individualized comparison group and common core of standard measure of accomplishment across all programs. This comprehensive evaluation of the TEC Network programs is ongoing.

TEC Network programs are designed to reflect community needs and resources, thus each program is fundamentally different. Each has as a goal, however, to provide a nurturing atmosphere that reaffirms the self-worth of the adolescent.

Contact:
Dr. Marilyn Steele, *Program Officer*
C. S. Mott Foundation
1200 Mott Foundation Building
Flint, MI 48502
(313) 238-5651

Dr. Anita Mitchell, *Co-principal Investigator*
Southwest Regional Laboratory
4665 Lampson Ave.
Los Alamitos, CA 90720
(213) 306-7332

Parent Infant Interaction Program
Contact:
Cheryle F. Dyle, *Coordinator*
Vashon High School, Room 107
3405 Bell
St. Louis, MO 63106
(314) 531-9028

An after-school secondary prevention and care program based in the St. Louis, Missouri, public secondary schools. Begun in the fall of 1978, the program has several components including peer support groups, recruitment and follow-up, individual counseling and case coordination, home visits and daily attendance monitoring. In addition, PIIP is a Project Redirection site. The four basic service groups offered to clients are telephone service only, individual services, prenatal groups and parent groups.

CYESIS
Contact:
Barbara White, *Coordinator*
School Board of Sarasota County, Florida
2418 Hatton St.
Sarasota, FL 33577
(313) 953-5000

A full-day, school-based secondary prevention and care program. Begun in the fall of 1978, this program is based in the Sarasota Public Schools and provides comprehensive services to pregnant teens and teen parents through the combined

effort of various local groups and agencies. Program components include health, child development and life skills classes, transportation, free breakfast and lunch, day care, group and individual counseling, case coordination, and field services, in addition to a regular school program.

Teen Parent Assistance Program
Contact:
Dorothy Patterson, *Director*
Oakland Unified School District
1025 Second Ave.
Oakland, CA 94606
(415) 834-8745

A school-based education and training program. This secondary prevention program began in February 1980, to bring teenage parents back into the system to complete their education. A number of educational options are provided to meet needs and schedules of individual students. Program components include outreach, educational advocacy, counseling, career exploration and referral to other service providers. In 1983 a training component—School-aged Parent Partnership Program (SAPPP)—was added to increase students' progress toward economic independence. Components of SAPPP are basic and vocational skill assessment; computer-aided business education; business machine skill training, employability readiness training; and job development, referral and placement. Teen parents may participate in either, or both of the programs.

Teen Parent Family Support Project of the Alliance for Young Families
Contact:
Joan Tighe, *Executive Director*
c/o Department of Health and Hospitals
818 Harrison Avenue. HOB #402
Boston, MA 02119
(617) 424-4556

A secondary prevention and care project of the Alliance for Young Families in Boston, Massachusetts. Begun in April 1982, this comprehensive case management project offers three program components to its teen parent clients: family day care, postpartum case work services including monthly visits, and coordination with educational and employment services.

Monroe County Adolescent Pregnancy Preventive and Supportive Services
Contact:
Sandra Berg, *Program Director*
Monroe County Health Department
111 Westfall Rd., Caller 632
Rochester, NY 14692
(716) 442-4000 ext. 2774

A public health secondary prevention and care project located in the Monroe County Department of Health in Rochester, New York. Begun in October 1981, the program provides a maternal and child health team to visit, assess, counsel and coordinate services for teen parents at highest risk—those 15 and under. In addition, the program provides day care in a city high school for a few infants of teen parents, and it publishes a newsletter for all teen parents in the county.

Comprehensive Adolescent Health and Education Program
Contact:
Dr. Maria Luisa Garza, *Executive Director*
Gulf Coast Council of La Raza
2203 Baldwin St.
Corpus Christi, TX 78405
(512) 881-9988

A community-based secondary prevention and care program operated by the Gulf Coast Council of La Raza. Begun in January 1982, this secondary prevention and care program serves pregnant and parenting teens of a largely Hispanic population in Corpus Christi, Texas. The educational component is designed to prepare participants to pass the GED tests, thereby qualifying for a high school equivalency certificate. The health component, delivered through regular group sessions, includes instruction in nutrition, personal hygiene, prenatal care, child development, parenting skills, family planning, decision-making and goalsetting.

Teen Indian Pregnancy and Prevention Services
Contact:
Vanessa Carter, *Project Director*
Seattle Indian Health Board
PO Box 3364
Seattle, WA 98114
(206) 324-9360

A health center-based program in Seattle, Washington. From January 1982 to December 1984, this primary and secondary prevention program provided education and counseling services as well as health and contraceptive services to prevent pregnancy; and prenatal and postnatal care for pregnant/parenting teen Indians. These latter services included medical, social, financial assessment, childbirth preparation, parenting skills development, family planning and well-child care services. Many of these program services have become institutionalized.

The National Urban League Affiliate Development of Adolescent Pregnancy Programs (ADAPP) Network

The National Urban League, Inc., operates a network of primary and secondary prevention programs for minority youth served by 10 League affiliates. The network, Affiliate Development of Adolescent Pregnancy Programs (ADAPP), offers a host of services including GED and vocational training, nutrition counseling, family planning counseling, day care, social and medical service. Recently, the General Electric Company provided funding for two additional affiliate programs.

The ADAPP Network is based upon the Mott Too-Early Childbearing model with impact evaluation and technical assistance. The principal objective is to strengthen the capacity of local Urban Leagues for operating outcome-focused prevention programs and services to pregnant and parenting teens. At the same time, its goals are to reduce the rate of unintended and unplanned births to black adolescents and reduce the severely negative health, education and economic outcomes associated with such births.

As a separate but related program, the League has also launched a voluntary campaign emphasizing male responsibility in preventing pregnancy.

Contact:
Deborah Taylor, *Director*
Teenage Pregnancy Project
National Urban League, Inc.
500 E. 62nd St.
New York, NY 10021
(212) 310-9000

Teens 'N Touch
Contact:
Nettie McCrory/Greg Davis
Charlotte-Mecklenburg Urban League
951 S. Independence Plaza, #125
Charlotte, NC 28204
(704) 376-9834

This primary prevention program offers counseling and referral, educational tutoring, recreational activities, and sex education for at-risk teens and teenage parents in two public housing sites.

Prevention of Adolescent Parenthood Program
Contact:
Sheri Pernell/Jocelyn Patton
Milwaukee Urban League
2800 W. Wright St.
Milwaukee, WI 53710
(414) 374-5850

This program is a primary prevention effort that provides comprehensive eight week educational sessions. Information and referral services, adult parent training, education on human sexuality and contraception and other classes encouraging the completion of high school education requirements are available to participants.

The primary population served are non-parent males and females ages 12 through 19.

New Horizons
Contact:
Diane Brooks
Tri-County Urban League
317 S. MacArthur Highway Dr.
Peoria, IL 61605
(309) 673-7474

A primary and secondary prevention program, this project attempts to prevent repeat pregnancies and enhance long-term economic independence of teenage families through counseling and education. The ten-week curriculum offers eight weeks of work experience as well as information on human sexuality and contraception, health care, parenting and nutrition education. The population served includes parenting teens ages 13-19.

Teen Pregnancy Intervention Program
Contact:
Warner Rogers/Valerie Colquitt
Philadelphia Urban League
1930 Chestnut St., Suite 200
Philadelphia, PA 19103
(215) 561-0700

This program provides an eight-session curriculum on topics such as values clarification, job awareness, job readiness, sexual behavior, health and decision-making. It serves non-parenting teens in health districts with the highest rate of adolescent pregnancy.

Project Birth
Contact:
Anne Borge/Deoshia Haig
Urban League of Rhode Island
246 Prairie Ave.
Providence, RI 02905
(401) 351-5000

A variety of prenatal and postnatal services including case management, health, child care, educational and counseling services are offered through workshops and referral. The program serves pregnant and parenting teenagers 19 years of age and younger.

Information & Education Program
Contact:
Ruth Hatcher/Olita Harris
San Diego Urban League
4261 Market St.
San Diego, CA 92101
(619) 263-3115

This program seeks to reduce the number of unplanned pregnancies among adolescents ages 12 to 19 by improving family communication skills and increasing responsible decision-making in regards to teenage sexual activities. The program provides non-parent and parenting teens with information on health care and parenting and encourages this population to continue their high school education.

Shenango Valley Urban League Adolescent Pregnancy Program
Contact:
Deanna Yarbrough/Jim Long/ Sandra Campbell
Shenango Valley Urban League
314 Idaho St.
Farrell, PA 16121
(412) 981-5310

Pregnant and parenting female adolescents receive prenatal and postnatal counseling, information and referral according to individual need. Among the services offered by this program are education on human sexuality and contraception, parenting skills training, health care and nutrition information and employment, education and housing assistance.

Urban League of St. Louis Family Life Education Program
Contact:
Wanda Gardner/Darryl Grimes
St. Louis Urban League
3701 Grandel Square
St. Louis, MO 63108
(314) 371-0040

Outreach services, education, counseling and health services are offered to adolescents through a family planning and prenatal health clinic.

Family Life Program
Contact:
Peggy Jackson/Reginal Dickerson
Urban League of Metropolitan Trenton
304 E. State St.
Trenton, NJ 08608
(609) 393-1512

Pregnant and parenting teenagers can obtain counseling, health information, and employment and educational referrals through this program. It provides information on human sexuality and contraception and encourages high school completion for all clients.

Single Teen Parent Training Program
Contact:
Gwen Williams/Diane Flanagan Montgomery
Washington Urban League
3501 14th St., NW
Washington, DC 20010
(202) 265-8200

Through this program, adolescent parents can train in word processing. Participation in parenting and human sexuality workshops is mandatory.

In addition to the ADAPP Network, four Urban League affiliates serve as demonstration sites for another League adolescent pregnancy prevention program entitled: Reducing Incidence of Pregnancy Among Minority Adolescents Project. The project has as its goal the prevention of too-early sexual activity and parenting by conducting a series of workshops which address adolescent sexuality issues with particular emphasis on minorities. Stressed are skills which will help to enhance the quality of parent-child communication. The affiliates are:

Dallas Urban League
P.O. Box 15492
Dallas, TX 75215

Detroit Urban League
208 Mack Ave.
Detroit, MI 48201

Tampa Urban League
1405 Tampa Park Plaza
Tampa, FL 33605

Urban League for the Pikes Peak Region
324 N. Nevada
Colorado Springs, CO 80903

Junior League of St. Louis Teen Outreach Program (TOP) Network

The Junior League of St. Louis has created a network of 25 programs run by 16 affiliates to replicate the Teen Outreach Program (TOP), a classroom and community course in goalsetting, decision-making and work experience through voluntary placement in a human services program. Its goals include decreasing adolescent pregnancies and increasing high school graduates to assist students to ultimately reach their fullest potential.

The first TOP program was instituted in a St. Louis city high school in 1978 by the Junior League of St. Louis with additional funding by the Danforth Foundation. The Mott Foundation began funding national replication of TOP in 1984, following an evaluation grant to St. Louis University.

First-year evaluation results suggest that the TOP concept is an effective collaborative effort that brings together the volunteer resources of the Junior League, the facilities of a school district, and the financial contributions of local and other funders.

Contact:
Jackie Faber, *Coordinator*
Replication of Teen Outreach Program
8346 Delcrest
St. Louis, MO 63124
(314) 872-1960

Central and North Brevard, FL
Contact:
Junior League of Central and North Brevard
442 Magnolia Ave. #25
Merritt Island, FL 32952
(305) 453-5718
Karen Pinkerton, *Central Chairperson*
(305) 453-5188
Barbara Russo, *North Brevard Chairperson*
(305) 453-0884

Chicago, IL
Contact:
Junior League of Chicago
1447 North Astor St.
Chicago, IL 60610-1698
(312) 664-4462
Amanda de Young, *Co-Chairperson*
(312) 938-4873 (work)
Joan Krone, *Co-Chairperson*
(312) 446-6651

Cincinnati, OH
Contact:
Junior League of Cincinnati
2334 Dana Ave. Apt. 6-F
Cincinnati, OH 45208
(513) 871-9339
Darci Beattie, *Chairperson*
(513) 398-1201 (home)

Greensboro, NC
Contact:
Junior League of Greensboro
220 State St.
Greensboro, NC 27408
(919) 379-8226
Margel P. Graham, *Chairperson*
(919) 275-0149 (home)

Holyoke, MA
Contact:
Junior League of Holyoke
243 Maple St.
Holyoke, MA 01040
(413) 536-5614
Olivia Mausel, *Co-Chairperson*
(413) 534-4115 (home)
Denise Bagg, *Co-Chairperson*
(413) 532-3640

Minneapolis, MN
Contact:
Junior League of Minneapolis
1455 W. Lake St., Suite 318
Minneapolis, MN 55408
(612) 824-3271
Zylpha Gregerson, *Co-Chairperson*
(612) 825-9294 (home)
Nancy Nelson, *Co-Chairperson*
(612) 920-5996

Omaha, NE
Contact:
Junior League of Omaha
7400 Court Bldg. Suite #102
808 South 74th Plaza
Omaha, NE 68114
(402) 391-8986
Tina Broekemeier, *Co-Chairperson*
(402) 558-4559 (home)
Nancy Jacobson, *Co-Chairperson*
(402) 558-3174

Orange County, NY
Contact:
Junior League of Orange County
P.O. Box 515
Middletown, NY 10940
(914) 355-1414
Maria Ingrassia, *Chairperson*
(914) 343-6095

Philadelphia, PA
Contact:
Junior League of Philadelphia
Free Quaker Meeting House
5th & Arch Sts.
Philadelphia, PA 19106
(215) 923-6777
Christine Barabasz, *Chairperson*
(215) 296-5275

Rochester, NY
Contact:
Junior League of Rochester
444 East Main Street
Rochester, NY 14604
(716) 232-7040
Linda Novak, *Chairperson*
(716) 586-1190 (home)

St. Joseph, MO
Contact:
Junior League of St. Joseph
304 North 8th St.
St. Joseph, MO 64501
(816) 233-0030
Cathy Goin, *Chairperson*
(816) 232-4326 (home)

St. Louis, MO
Contact:
Junior League of St. Louis
8250 Clayton Rd.
St. Louis, MO 63117
(314) 863-9058
Jane Mitchell, *Chairperson*
(314) 993-3490 (home)

Springfield, MA
Contact:
Junior League of Springfield
254 Worthington St.
Springfield, MA 01103
(413) 734-3921
Dianne Maher, *Co-Chairperson*
(413) 732-9532 (home)
Jeanette Pope, *Co-Chairperson*
(203) 749-7032

University City, MO
Contact:
Junior League of St. Louis
8250 Clayton Road
St. Louis, MO 63117
(314) 863-9058
Lynn Gotthardt, *Chairperson*
(314) 532-4338

Winnipeg, Manitoba, CANADA
Contact:
Junior League of Winnipeg
180 Kingsway Ave.
Winnipeg, Man. Canada R3M OH2
(204) 889-4099
Pam Brown, *Chairperson*
(204) 284-7147 (home)

Yakima, WA
Contact:
Junior League of Yakima
5000 West Lincoln
Yakima, WA 98902
Betsy Broom, *Chairperson*
(509) 966-7174 (home)

Women and Foundations/Corporate Philanthropy (WAF/CP) Network

The WAF/CP Network encourages joint ventures to tackle the issues of teenage pregnancy. The program has concentrated on development of area-specific conferences and publications. Current emphasis is on statewide conferences.

WAF/CP is a national membership organization of grantmakers—both staff and trustees—whose members have a particular concern for the economic, social and physical well-being of women of all ages, races and social classes.

Contact:
Joanne Hayes, *Executive Director*
Women and Foundations/Corporate Philanthropy
70 W. 40th St.
New York, NY 10018
(212) 997-1077

To date, seven conferences have been held:

- Cosponsored by Columbus Community Foundation for Ohio grantmakers. A state task force on teenage pregnancy was recently established by the governor.
- Jointly sponsored by the New Orleans Board of Education and New Orleans Planned Parenthood with funding support from a local family foundation. The conference resulted in programs and services from one alternative school program for 80 pregnant teenagers being expanded to primary and secondary prevention programs available to every secondary school student in the city school system.
- Cosponsored by Jesse Besser Foundation for 200 participants in the Alpena Area Five County Conference. Sixty-three of the participants are serving in continuing task forces on prevention of adolescent pregnancy, prenatal care for young pregnant women, health care for young mothers and their babies, child abuse and neglect, high school or alternative education for teen parents and economic opportunities for young parents. Priorities adopted by the task forces call for a public-awareness campaign and the establishment of a teen resource center. Area churches are actively involved.
- Cosponsored by the Benjamin Franklin Foundation and hosted by Temple University. Recommendations from the largely black conference-goers provided a primary source for black input to the Pennsylvania governor's task force on teenage pregnancy.
- Cosponsored with the Junior League of Lancaster, Pennsylvania. The conference resulted in a teenage pregnancy prevention plan for this rural Amish area.
- Cosponsored by the Delaware Department of Health in Dover, Delaware. The conference recommendations will result in a comprehensive plan for addressing teenage pregnancy in Delaware.
- Cosponsored by the Cummins Engine Foundation and the Irwin Sweeney Miller Foundation. The one-day conference produced recommendations for action to prevent teenage pregnancy in Columbus, Indiana.

Other National Resources

In addition to the Mott Foundation networks, there are a host of other resource individuals and organizations working in the field of too-early childbearing.

Joy Dryfoos
Social Accountant
20 Circle Drive
Hastings-on-Hudson, NY 10706

Dr. J. J. Card
Sociometrics Corporation
3191 Cowper Street
Palo Alto, CA 94306

Dr. Douglas Kirby
Center for Population Options
1012 14th Street NW, Suite 1200
Washington, DC 20005

Dr. Gerry Hendershot
Office of Adolescent Pregnancy, Rm. 1351
HS North Bldg.
330 Independence Avenue SW
Washington, DC 20201

Dr. Kristin Moore
Child Trends, Inc.
1990 M Street NW
Washington, DC 20036

Dr. Claire Brindis, *Associate Director*
Center for Population and Reproductive Health Policy
UCSF Institute for Health Policy Studies
CED 565
University of California, San Francisco
San Francisco, CA 94143

Dr. William Pratt, *Chief*
National Survey of Family Growth
National Center for Health Statistics
Department of Health and Human Services
3700 East-West Highway
Hyattsville, MD 20782

Dr. Frank Mott
Center for Human Resource Research
Ohio State University
5701 North High Street
Worthington, OH 43085-3993

Dr. Martha Burt
Urban Institute
2100 M Street NW
Washington, DC 20037

Dr. Sandra Hofferth/Dr. Wendy Baldwin
National Institute for Child Health and Development
7910 Woodmont Avenue, 7C-25
Bethesda, MD 20205

Dr. Betsy McGee, *Assistant Director*
Center for Public Advocacy Research
12 West 37th Street, 8th Floor
New York, NY 10018

Dr. Linda Wolf
American Public Welfare Association
1125 15th Street NW, Suite 300
Washington, DC 20005

Dr. Judith Gueron
Manpower Demonstration Research Corporation
Three Park Avenue
New York, NY 10016

Dr. Cheryl Hayes, *Executive Officer*
National Academy of Sciences
2101 Constitution Avenue
Washington, DC 20418

Ms. Judith Jones, *Assistant Professor of Public Health*
Columbia University
60 Haven Avenue
New York, NY 10032

Ms. Deborah Lee
Early Single Parenting Program
1005 Market Street, #313
San Francisco, CA 94103

Dr. Prudence Brown
Ford Foundation
320 East 43rd Street
New York, NY 10017

Mrs. Eunice Shriver
Joseph P. Kennedy, Jr., Foundation
1710 K Street NW, Suite 205
Washington, DC 20006

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